

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

## 2006-2007 SUMMARY REPORT OF IMMUNIZATION STATUS OF MISSOURI PUBLIC, PRIVATE, AND PAROCHIAL SCHOOL CHILDREN

This completed CD-31 form must be forwarded to the Missouri Department of Health and Senior Services Bureau of Immunization Assessment & Assurance P.O. Box 570

Jefferson City, MO 65102-0570 (573) 751-6124 OCTOBER 15, 2006 toll free 1-866-628-9891

by OCTOBER 15, 2006.	toll free 1-866-628-9891
Mailing Address Correct: (If no, please make correct)	
Phone:	
Email Address:	

## **MAILING LABEL**

Email Address:														
Prepared by:				Date:				By (Superir Administrat						
2006-2007	К	1	2	3	4	5	Grade Leve	7	8	9	10	11	12	Other or Special Needs
Total Number of														
Students Enrolled DTaP/DTP/DT/Td		4 dosos	4+ doses	4 dosos	4 doses	4 doses	4 doses	4 doses	3 L docos	3 L docos	2 L dosos	3+ doses	3 L dosos	
DIAP/DIP/DI/IG	4+ doses	4+ doses	4+ doses	4+ doses	4 doses	4 doses	4 doses	4 doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students fully immunized														
Students in progress														
(See ACIP Schedule) Students with medical														
exemption														
Students with religious														
exemption Students noncompliant														
with immunization														
records * Students noncompliant														
without immunization														
records *														
Polio	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students fully immunized														
Students in progress														
(See ACIP Schedule)							1					<u> </u>		
Students with medical exemption														
Students with religious														
exemption Students personnliant												<u> </u>		
Students noncompliant with immunization														
records *														
Students noncompliant without immunization														
records *														
MMR (Measles, Mumps, Rubella)	2 doses	2 doses	2 doses	2 doses	2 measles, 1 mumps, 1 rubella	2 measles, 1 mumps, 1 rubella								
Students fully immunized Students in progress														
(See ACIP Schedule)														
Students with medical														
exemption Students with religious														
exemption														
Students noncompliant														
with immunization records *														
Students noncompliant														
without immunization														
records * Hepatitis B	3+ doese	3+ doses	3+ doese	3+ doese	3+ doses	3+ 40e0e	3+ doese	3+ 40e0e	3+ 40e0e	3+ 40e0e	3+ 40e0e	3+ doses	3+40606	
пераппэ в	3+ u03e3	JT UUSES	JT UUSES	3+ u03e3	3T 003E3	JT GOSES	JT GUSES	JT GOSES	JT UUSES	JT GOSES	JT UUSES	3+ u03e3	3 <b>+</b> 403e3	
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with medical														
exemption														
Students with religious exemption														
Students noncompliant					1		1							
with immunization														
records * Students noncompliant												<del>                                     </del>		
without immunization records *														
		1 dose or												
Varicella	proof of disease	proof of disease												
v ai IUCIIA	uisedSe	uisedse												
Students fully immunized														
Students with proof of disease														
Students with medical														
exemption														
Students with religious exemption														
Students noncompliant														
with immunization														
records *														
Students noncompliant without immunization														
records *														
Grade Level	K	1	2	3	4	5	6	7	8	9	10	11	12	OT
Students with complete vaccine												1		
series	TO 00:	DI ETE	MAD 10	75000										
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